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SUBJECT: SRI LANKA'S HIGH SUICIDE RATES: A PERSISTENT PUBLIC HEALTH PROBLEM

¶1. (SBU) Summary: Despite broad awareness of Sri Lanka's high suicide rate, several factors inhibit the Sri Lankan government's ability to address this public health problem. Suicide and deliberate self-harm (DSH) pose a financial burden on Sri Lanka's healthcare and police and negatively affect the workforce and economy. Research to date indicates that many who practice DSH do not intend to die, but consume easily available, highly toxic pesticides that result in fatalities. Other exacerbating factors include poor data collection and an absence of social services or mental health infrastructure. While there are some efforts to move toward community-based mental health care, endemic problems indicate that no immediate solution is in sight. End summary.

DSH Continues Despite Pesticide Regulations

¶2. (SBU) Steadily rising since the 1960s, Sri Lanka's suicide rate peaked in 1995 with over 8,500 recorded deaths, the world's highest suicide rate among women and the second highest among men. In a May 5 meeting with emboff, the director of the mental health non-governmental organization (NGO) Sumithrayo said these high numbers led the president to set up a special suicide task force in 1998. Reports that the majority of suicides were due to pesticide poisonings led the Government of Sri Lanka (GSL) to impose more stringent regulations on pesticide sales, including a 1995 ban on highly hazardous World Health Organization (WHO) class I organophosphates and a 1998 ban on highly toxic class II endosulfan. However, a local government official in Anuradhapura told emboff in a May 22 meeting that shopkeepers in his district were unaware of the regulations.

¶3. (SBU) Despite a steep drop in deaths from banned pesticides in the 1990s, the pesticide research group South Asian Clinical Toxicology Research Consortium (SACTRC) found little difference in the total number of poisoning deaths because villagers switched to new toxins. A doctor from the Jaffna Teaching Hospital told emboff in a May 15 meeting that eating indigenous yellow oleander seeds, a plant that can cause heart failure, is becoming increasingly popular in Sri Lanka's dry zones. According to the Sumithrayo representative, around 23 suicide attempts occurred per day in 1995. The number dropped to roughly 17 per day in pursuant years, but has since risen to around 20 attempts per day. The Sumithrayo official noted that while the number of DSH deaths has decreased, possibly due to increased access to care, the number of DSH attempts has actually risen.

High Lethality of DSH Means Translates to High Suicide Rates

¶4. (SBU) According to a SACTRC researcher who spoke to emboff May 19, Sri Lanka's number of DSH attempts is commensurate with the West's, but its mortality rate is much higher due to greater toxicity in substances used and poorer medical management. The researcher estimates Sri Lanka's DSH fatality rate at 12-13 percent, compared to Australia's 1.5 percent. SACTRC's studies reveal that survival has little to do with intent and that people choose a pesticide based on availability with minimal awareness of the product's lethality or of possible antidotes. The researcher reported that suicide attempts were based on impulse during fits of high emotion with few cases of premeditation.

Alcohol Abuse and Domestic Violence Predate DSH

¶5. (SBU) According to SACTRC's researcher, limiting access to pesticides would result in the most rapid drop-off in suicide rates, but any long-term gains focused on underlying causes would need to address the issue of alcohol abuse as the largest factor driving DSH. In a May 25 meeting with emboff, a WHO consultant concurred with that assessment. The consultant also found domestic violence (often associated with alcoholism) was a major risk factor in DSH, with one study documenting that 1 in 11 women who suffer from it attempt suicide.

Poor Data But Emerging Trends

¶6. (SBU) The GSL collects national statistics on suicide through both the Health Department and the Police Department, but in a study on suicide among rural young women, researcher Jeanne Marecek claimed DSH numbers are skewed because the act is stigmatized and not reported

unless medical treatment is necessary. The Police Department collects suicide statistics including method used, victim's occupation, ethnicity, religion, age, and gender. Police records only cover fatalities, however, so the actual number of DSH cases from them can only be an extrapolated estimate. As for medical records, data collection is hampered because until 2002, hospitals did not segregate numbers by age, and until 2004, gender was not taken into account. Furthermore, on medical forms, no separate category exists for suicide, so cases fall under the listing of poisonings or burnings. Officially, it is unknown whether these cases are accidental or deliberate, but in his research, the SACTRC researcher found almost all adult poisoning cases to be deliberate.

¶7. (SBU) Despite incomplete statistics, Marecek noted some patterns in DSH, namely its high concentration in rural areas, and in particular among women aged 16-29 years of age. In contrast, some communities face much lower DSH rates. Islamic leaders from the Mohideen Jummah Grand Mosque in Anaradhapura told emboff in a May 22 meeting that suicides are rare in their community, an assertion district statistics support. Yet people living in Internally Displaced Persons' welfare centers face up to three times higher DSH numbers than those in surrounding areas, according to a Doctors Without Borders study in Vavuniya. The December 2004 tsunami also affected the suicide rate, according to the WHO consultant, with an initial drop in DSH immediately after the event followed by increasing DSH rates to greater than pre-tsunami levels in tsunami-affected areas.

DSH Decimating Workforce and Straining Health Sector

¶8. (U) A 1998 study by the Sri Lanka Medical Association calculated that with an estimated 6000 suicides annually, broken down by age, gender, and location, the economic cost from lost earnings across 7 provinces was approximately 904,000 USD in 1996 alone. A SACTRC study also noted the large strain placed on the health sector by pesticide

poisonings, cases of which occupied 41 percent of the beds in Anaradhapura Hospital.

Mental Health Provision: Little Professional Counseling

¶9. (SBU) In all of Sri Lanka, fewer than 30 psychiatrists and 12 clinical psychologists trained beyond a bachelor's level serve 20 million people, and 90 percent of these mental health resources are concentrated in Colombo. One clinical psychologist at the General Hospital in Colombo, told emboff in a May 20 meeting that he sees 3-4 new patients a week following their DSH attempts. According to the Sumithrayo representative, her organization's trained counselors visit the hospital's wards each week to provide counseling. Yet Colombo General Hospital's psychologist assessed Sumithrayo's "befriending" techniques as ineffective, stressing that DSH patients require psychological treatment methods such as behavioral and cognitive therapies.

Moving Towards Community-Based Mental Health Care

¶10. (SBU) In 2005, Parliament finally revised mental health legislation in effect since 1873. In collaboration with the WHO, the GSL drafted and passed a new ten-year Mental Health Policy that called for a community-based model rather than the previous focus on institutionalizing patients. More a strategy plan than operational policy, the 2005 Mental Health Policy also recommends new national and provincial management structures, a reorganization and decentralization of services, human resources development, greater research into mental health, the establishment of a National Institute of Mental Health, and the need to address stigma. In a June 1 meeting with emboff, the Director of Health Services reported the World Bank's interest in bolstering suicide prevention, but she felt any programs would first require a move towards more community-based mental healthcare models.

¶11. (SBU) The Health Services Director was unable to cite any concrete progress made in the sectors cited in the 2005 Mental Health Policy Plan. Instead, she mentioned the need for districts to prepare action plans and the need to receive approval from ministries such as planning, management, and finance before any new psychosocial workers

or psychiatric nurses could be recruited or trained. The Director noted the Health Ministry has no separate budget to implement the new policy. The WHO consultant reported that he had received funding from Ireland, Finland, and Australia to continue developing community-based mental health services in 6 of Sri Lanka's 27 districts, and he is currently circulating a proposal to develop country-wide services over the next ten years in line with the new policy.

Comment

¶12. (SBU) Comment: The Sri Lankan government's focus on limiting access to pesticides as its response to the high suicide rate in Sri Lanka at the expense of addressing alcohol abuse and familial dysfunction has resulted in little headway in reducing the practice of DSH. The high lethality of the means used for DSH, poor medical management, and minimal information on the role of social and psychological factors in DSH behavior means that Sri Lankan youth, and in particular young rural females, will likely continue to die in high numbers. Funding shortages and slow bureaucracy that limit burgeoning efforts to develop community-based mental health services indicate it will remain difficult for the government to address this public health burden in the future. End comment.
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